

State of Minnesota**District Court**

County _____

Judicial District: _____

Court File Number: _____

Case Type: _____

Plaintiff

VS.

Defendant**Application for
Reimbursement of
Witness Expenses**

My name is: _____

My mailing address is: _____

I was called as a prosecution/defense witness in the above court regarding the above case.
I am claiming witness fees and reimbursement as follows:

NOTE: Total amount reimbursed for meals, loss of wages and child care may not exceed \$60 per day. Do not submit a claim for any of these expenses without providing written proof of lost wages from your employer and receipts for other expenses.

| Date Appeared | Lost Wages | Child Care | Meals | Daily Totals |
|---------------|------------|------------|-------|--------------|
| | | | | |
| | | | | |
| | | | | |

TOTAL CLAIMED: \$ _____**VERIFICATION**

I declare under the penalties of perjury that I am the person making this claim; that I have examined the claim and it is just and true; that the expenses were actually paid for the purposes stated and that the fees are allowed by law; and that no part of the claim has been paid.

Dated: _____

Signature

Name: _____

Street Address: _____

City/State/Zip: _____

OFFICE USE ONLY

Amount of claim \$ _____

Less amount claim exceeds statutory allowance - \$ _____

Less expenses not proven in writing - \$ _____

Amount approved for payment \$ _____

Dated: _____

Deputy Court Administrator